

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-043121

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED DEC 2 1963

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cape Gir.</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cape Girardeau</b>		c. CITY OR TOWN <b>Cape Girardeau</b>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>429 Themis</b>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Anna</b> Middle <b>Katherine</b> Last <b>Campbell</b>		4. DATE OF DEATH Month <b>Nov.</b> Day <b>27</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-24-1886</b>
9. AGE (last birthday) <b>77</b>		IF UNDER 1 YEAR Months <b>77</b> Days <b>77</b> Hours <b>77</b> Min. <b>77</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	
11. BIRTHPLACE (City and state or country) <b>Evansville, Ill.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Michael Wolff</b>		13b. MOTHER'S MAIDEN NAME <b>Katherine Oberle</b>	
14. NAME OF HUSBAND OR WIFE <b>W. H. Campbell</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of war) <b>****</b>	
16. SOCIAL SECURITY NO. <b>4</b>		17. INFORMANT <b>Mrs. James Evans Cape Gir., Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute myocardial infarction</b> DUE TO (b) <b>arteriosclerotic heart disease</b> DUE TO (c) <b>unknown</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)			INTERVAL BETWEEN ONSET AND DEATH <b>13 days</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>9:05</b> a.m. <b>9:05</b> p.m. <b>9:05</b>	Month, Day, Year <b>Nov 27, 1963</b>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Cape Girardeau, Mo.</b>	
21. I attended the deceased from <b>Nov 26, 1963</b> to <b>Nov 27, 1963</b> and last saw her alive on <b>Nov 26, 1963</b> . Death occurred at <b>9:05</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Edwin K. Burford</b> (Degree or title)		22b. ADDRESS <b>937 Broadway Cape Girardeau, Mo.</b>	
22c. DATE SIGNED <b>11-27-63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11-30-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Marys Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Cape Girardeau, Mo.</b>		(State)	
24. FUNERAL DIRECTOR <b>Ford &amp; Sons</b> ADDRESS <b>Cape Girardeau, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>11-29-63</b>	
26. REGISTRAR'S SIGNATURE <b>John K. Astor</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DEC 24 1963

DEC 24 1963

DEC 31 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W. J. Fnd

Licensed Embalmer No. 5057

P. O. Address Cap. Kianhem, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.